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## **Health Standards for Licensing Decisions for Operators of Motor Vehicles**

### **Vision Standards**

#### **Sec. 14-45a-1. Vision requirements**

(a) An unlimited operator's license shall be issued or retained if the applicant or license holder meets the following visual standards:

(1) A minimum visual acuity of 20/40 (Snellen) or equivalent in both eyes or in the better eye with or without corrective lenses;

(2) An uninterrupted binocular visual field of at least 140° in the horizontal meridian, or a monocular field of at least 100° in the horizontal meridian; and

(3) No evidence of any other visual condition(s) which either alone or in combination will significantly impair driving ability.

(b) A person who has a best corrected visual acuity of worse than 20/40 but at least 20/70 in the better eye, an uninterrupted visual field of not less than 100° in the horizontal meridian, and no other visual condition(s) which alone or in combination will significantly impair driving ability, may be issued an operator's license with vehicle operation limited to daylight only or as otherwise determined by the commission in accordance with the provisions of section 14-36-4 of the Regulations of Connecticut State Agencies.

(c) The commissioner may waive the provisions of subsection (a) or (b) of this section if the applicant or license holder has a visual acuity of no worse than 20/70 (Snellen) or equivalent in the better eye with or without corrective lenses, has an uninterrupted binocular visual field of at least 100° in the horizontal meridian, or a monocular field of at least 70° in the horizontal meridian, has no other visual condition(s) which either alone or in combination will significantly impair driving ability, and demonstrates to the commissioner that he or she is able to operate a motor vehicle safely. The person's driving history and accident record shall be considered. If not otherwise required, the commissioner may request that the person take an on-the-road driving test, and the results of such test shall be considered in determining whether a waiver will be granted.

(d) A person who has a best corrected visual acuity better than 20/200 in the better eye, and has an uninterrupted visual field of at least 100° in the horizontal meridian, may be issued an operator's license containing such limitation(s) as the commissioner deems advisable after consideration of the person's vision, driving ability, driving needs and other relevant factors including the opinion of the person's physician, ophthalmologist, or optometrist. The person may be required to take an on-the-road driving test, and the opinion of the medical advisory board may be requested in accordance with Sections 14-45a-10 through 14-45a-17 of the Regulations of Connecticut State Agencies to determine whether a license shall be issued, and if so the limitation(s) that shall be imposed.

(e) No operator's license shall be issued or retained by a person who has a best corrected visual acuity of 20/200 (Snellen) or worse in the better eye, or has an uninterrupted binocular visual field of less than 100° in the horizontal meridian, or an uninterrupted monocular visual field of less than 70° in the horizontal meridian, or who has any other visual condition(s) which alone or in combination will significantly impair driving ability.

(Effective April 30, 1993)

**Sec. 14-45a-2. Submission of report**

(a) An applicant for an operator's license or renewal thereof, or a holder of an operator's license, may be required to submit to the commissioner a vision report as provided in Section 14-45a-3 of this regulation when the commissioner has determined based on reliable information that the person has or may have a visually related health problem or disability which might affect the person's ability to operate a motor vehicle safely, or upon a determination by the commissioner based on reliable information that there is a significant question regarding the ability of the applicant or operator to operate a motor vehicle safely due to a visual deficiency or impairment. Reliable information shall include a written, signed report from a person in the medical or law enforcement professions, or a statement signed under penalty of false statement by a person having personal knowledge.

(b) The vision report shall be prepared by a physician, ophthalmologist or optometrist licensed to practice in this or another state, and shall be based on a personal examination of the person no earlier than three (3) months prior to notice to such person of the requirement to submit a report.

(Effective June 22, 1992)

**Sec. 14-45a-3. Content of vision report**

The vision report required by Section 14-45a-2 shall be on a form or in a format as required by the commissioner, and contain the following information:

- (a) The person's name and address; and
- (b) The date of the examination; and
- (c) The name, address, license number and signature of the doctor of medicine, ophthalmologist or optometrist; and
- (d) The best corrected visual acuity; and
- (e) The extent of the horizontal visual field; and
- (f) The presence of any medically induced blind spots; and
- (g) The need for glasses or contact lenses; and
- (h) A statement as to whether or not the operator has a vision condition which is deteriorating including a diagnosis and prognosis; and
- (i) A recommendation for the commissioner's consideration relating to a vision examination or visual screening on a regular basis; and
- (j) If the report is submitted by an optometrist, whether or not the person has been referred to the appropriate physician because of a detected or suspected medical condition.

(Effective June 22, 1992)

**Sec. 14-45a-4. Use of telescopic aids**

An operator's license shall not be issued to an operator who uses spectacle mounted telescopic aids.

(Effective June 22, 1992)

**Standards for Persons Having Impairments Other Than Vision****Sec. 14-45a-5. Definitions**

In Sections 14-45a-5 through 14-45a-9 of these regulations, the following definitions apply:

- (a) "Altered consciousness," means a state of awareness characterized by loss, distortion, or unresponsiveness to the impressions made by the senses.
- (b) "Assessment" means an examination of the person's use of chemicals.

- (c) “Cognitive skill” means ability to think, perceive, and remember.
  - (d) “Co-morbid” means that more than one condition is present at the same time.
  - (e) “Consciousness” means the condition of a person when awake and fully responsive to stimuli.
  - (f) “Corrective lens” means an ophthalmic lens, whether an eyeglass or a contact lens, that corrects the refraction error or other optically correctible deficiency of the eye.
  - (g) “Department” means Department of Motor Vehicles.
  - (h) “Driving evaluation” means an evaluation to determine if a person’s actual ability to operate a motor vehicle compensates adequately for the person’s medical, mental or physical condition, or functional impairment.
  - (i) “Episode” means any incident or segment of time involving altered consciousness or loss of bodily control.
  - (j) “Field of vision” means the entire horizontal, temporal plane a person has for each eye without shifting the gaze.
  - (k) “Functional ability” means the degree of cognitive, mental or emotional, sensorimotor, and sensory capability in performing activities of daily living, including safely performing the driving tasks.
  - (l) “Licensing action” means any action by the department involving the denial, cancellation, restriction, or issuance of a motor vehicle operator’s license, permit or endorsement.
  - (m) “Loss of bodily control” means involuntary movements of the body characterized by muscle spasms or muscle rigidity, or loss of muscle tone or muscle movement.
  - (n) “Medical condition” means any physical, mental or emotional condition affecting a person’s health, for which a person is receiving medical treatment, or for which medical treatment is usually prescribed.
  - (o) “Medical Advisory Board” or “review board” means the medical board established under Sec. 14-46a through Sec. 14-46g of the Connecticut General Statutes.
  - (p) “Mental or emotional function” includes interaction and communication skills, adaptive behavior or coping capacity, and affect.
  - (q) “Physical disability” includes any physical limitation interfering with the ability to perform normal tasks associated with operating a motor vehicle.
  - (r) “Vision specialist” means a person who practices optometry, or a physician or ophthalmologist.
- (Effective June 22, 1992)

### **Sec. 14-45a-6. Medical report and licensing decision**

(a) An applicant for an operator’s license or renewal thereof, or a holder of an operator’s license, may be required to submit to the commissioner a medical report, on a form or in a format approved by the commissioner, signed by a licensed physician, attesting to the person’s medical condition, when the commissioner has determined based on reliable information that the person has or may have a health problem or disability which might affect the person’s ability to operate a motor vehicle safely, or upon a determination by the commissioner based on reliable information that there is a significant question regarding the ability of the applicant or operator to operate a motor vehicle safely due to a medical condition or impairment. Reliable information shall include a written, signed report from a person in the

medical or law enforcement professions, or a statement signed under penalty of false statement by a person having personal knowledge.

(b) Except as provided in subsection (c), upon receipt and review of the medical report under subsection (a) of this section, the commissioner shall make a decision with regard to licensing action. Additional medical records may be required from such person if necessary to make such decision, and the commissioner may request the opinion of the Medical Advisory Board in accordance with Sections 14-45a-10 through 14-45a-16 of this regulation.

(c) If a person has experienced an episode within the previous six (6) month period, the commissioner shall request the opinion of the Medical Advisory Board prior to making a decision with regard to licensing action.

(d) Persons affected by any departmental licensing action shall be given written notice thereof by first class mail sent to the person's mailing address

then currently on file. A notice of license denial, cancellation or suspension shall include specific reasons for the action and information on applicable review and appeal procedures.

(Effective June 22, 1992)

### **Sec. 14-45a-7. Standards for taking licensing action**

(a) No operator's license will be issued or reissued, or an operator's license issued to a person will be suspended or revoked, if a person is afflicted with a health problem, medical condition or physical or mental disability which prevents him or her from exercising reasonable and ordinary control over a motor vehicle, and if the commissioner has reason to believe that such person will endanger the public safety by operating a motor vehicle.

(b) Notwithstanding any other provision of this regulation, the commissioner may order immediate suspension of the operator's license of a person prior to a hearing if the commissioner finds that, because of the person's medical condition, the public health, safety or welfare imperatively requires emergency action, and a finding to that effect is incorporated in his order. Such action shall be taken in accordance with the provisions of Chapter 54 of the Connecticut General Statutes, and an opportunity for a hearing shall be afforded for such person as soon as is practicable.

(Effective June 22, 1992)

### **Sec. 14-45a-8. Information to be considered in licensing actions**

The Medical Advisory Board when making recommendations, and the department when taking licensing action, may consider the following information.

#### **(a) In general:**

(1) Information on any medical condition, including but not limited to:

(A) History of illness.

(B) Severity of symptoms and prognosis.

(C) Complications and/or co-morbid conditions.

(D) Treatment and medications, effects and side effects, and person's knowledge and use of medications.

(E) Results of medical tests and reports of laboratory findings.

(F) Physician's medical report on functional ability including mental or emotional function.

(G) Physician recommendations on degree of functional impairment.

(2) Basic driving needs, including but not limited to, the distance from the applicant's home to that person's doctor, place of employment, shopping districts, or other necessary locations.

(3) Reports of driver condition or behavior.

(4) Screening by the department.

(A) Vision.

(B) Hearing.

(5) Examinations by the department.

(A) Knowledge of traffic laws, road signs, rules of the road, vehicle equipment and safe driving practices.

(B) Driving ability.

(6) Traffic accidents that have been caused by a medical condition.

(7) Vision specialist report.

(b) **With respect to a condition involving alcohol or other drugs:**

(1) Alcohol abuse or dependency.

(2) Drug abuse or dependency.

(3) The department may request information on functional ability, including, but not limited to:

(A) Physician or psychologist examination of alcohol or other drug use.

(B) Alcohol/Drug counselor assessment or evaluation of alcohol or drug use.

(C) Hospital or clinic alcohol/drug treatment discharge summaries.

(c) **With respect to a condition affecting cardiovascular function:**

(1) Coronary artery disease, including myocardial infarction.

(2) Congestive heart disease.

(3) Valvular disease or replacement valves.

(4) Congenital heart disease.

(5) Cardiomyopathy.

(6) Structural defects.

(7) Inflammation.

(8) Cor Pulmonale.

(9) Conduction difficulties.

(10) Arrhythmias.

(11) Aortic or arterial occlusion or aneurysm.

(12) The department may request information on functional ability, including, but not limited to:

(A) Hypertension.

(B) Orthostatic hypotension.

(C) Presence of pain and its frequency, location, duration, and intensity.

(D) Syncope or presyncopal sensations.

(E) Procedures to correct condition which temporarily impairs functional ability, including surgical procedures such as coronary artery bypass graft.

(F) Pacemaker function.

(G) Implanted defibrillator function.

(H) Results of testing procedures such as electrocardiogram, stress test with thallium scan, angiography, or MUGA.

(I) Cardiac drug use including rhythm control drugs, antianginal agents, cardiac glycosides and side effects of these medications.

(d) **With respect to a condition affecting cerebro-vascular function:**

(1) Cerebro-vascular accident (stroke).

(2) Transient ischemic attacks.

(3) Carotid artery occlusion.

(4) Aneurysm.

(5) Brain or head injury.

(6) The department may request information on functional ability, including but not limited to:

(A) Hypertension.

(B) Residual motor control effects, for example, limb paralysis.

(C) Memory loss.

(D) Impaired reasoning and judgment.

(E) Disorientation.

(F) Visual disturbances.

(G) Altered consciousness.

(H) Compensatory mechanisms.

(I) Medication effects and side effects.

(e) **With respect to a condition affecting endocrine function:**

(1) Diabetes mellitis.

(2) Pituitary disorders.

(3) Thyroid disorders.

(4) Parathyroid disorders.

(5) Adrenal dysfunction.

(6) The department may request information on functional ability, including, but not limited to:

(A) Hypoglycemia.

(B) Hyperglycemia.

(C) Complications of condition.

(D) Reliability.

(E) Weakness.

(F) Fluid and electrolyte imbalance.

(G) Mental changes.

(H) Hypokalemia.

(I) Frequency of symptoms.

(J) Medication effects and side effects.

(f) **With respect to a condition affecting musculo-skeletal function:**

(1) Rheumatoid arthritis.

(2) Osteoarthritis.

(3) Lupus erythematosus.

(4) Osteomyelitis.

(5) Bursitis.

(6) Osteoporosis.

(7) Paralysis.

(8) The department may request information on functional ability, including, but not limited to:

(A) Reduced range of motion.

(B) Pain.

(C) Stiffness.

(D) Reduced mobility.

(E) Medication effects and side effects.

(g) **With respect to a condition affecting neurological or neuromuscular function:**

(1) Cerebral Palsy.



- (2) Multiple sclerosis.
- (3) Muscular dystrophy.
- (4) Myasthenia gravis.
- (5) Neuralgia and Neuritis.
- (6) Parkinson's disease and other extrapyramidal symptoms and disorders.
- (7) Poliomyelitis.
- (8) Seizure disorders.
- (9) Spinal cord injury.
- (10) The department may request information on functional ability, including, but not limited to:
  - (A) Episodes of altered consciousness or loss of bodily control.
  - (B) Degree of functional impairment.
    - I. Extent to which loss of muscle tone affects functional ability.
    - II. Extent to which loss of muscle movement affects functional ability.
    - III. Extent to which muscle spasm affects functional ability.
    - IV. Extent to which fatigue affects functional ability.
  - (h) **With respect to a condition affecting peripheral-vascular function:**
    - (1) Thrombophlebitis.
    - (2) Thromboangiitis obliterans.
    - (3) Arteriosclerosis or atherosclerosis.
    - (4) Any impairment of peripheral circulation.
- (5) The department may request information on functional ability, including, but not limited to:
  - (A) Tissue ischemia.
  - (B) Pain.
  - (C) Weakness.
  - (D) Impaired mobility.
  - (E) Numbness.
  - (F) Procedures to correct conditions which temporarily impair functional ability, including surgical procedures.
  - (G) Medication effects and side effects.
    - (i) **With respect to a condition affecting psychosocial, mental or emotional function:**
      - (1) Schizophrenia.
      - (2) Personality disorders.
      - (3) Manic-depressive psychosis.
      - (4) Paranoia.
      - (5) Dementia.
      - (6) Organic brain syndrome.
  - (7) The department may request information on functional ability, including, but not limited to:
    - (A) Impaired impulse control.
    - (B) Reality testing.
    - (C) Impaired affect, mood.
    - (D) Sociopathic behavior.
    - (E) Aggression.
    - (F) Suicidal risk.
    - (G) Cognitive skill or impairment.
    - (H) Treatment program, including medications.
    - (j) **With respect to a condition affecting respiratory function:**

- (1) Chronic obstructive pulmonary disease.
  - (2) Asthma.
  - (3) Emphysema.
  - (4) Bronchitis.
  - (5) Tuberculosis.
  - (6) Silicosis.
  - (7) Pulmonary emboli.
  - (8) Pulmonary hypertension.
  - (9) Tumors.
  - (10) The department may request information on functional ability, including, but not limited to:
    - (A) Incapacitating cough.
    - (B) Shortness of breath.
    - (C) Dyspnea.
    - (D) Inadequate ventilation.
    - (E) Fatigue.
    - (F) Right ventricular enlargement.
    - (G) Acute respiratory failure.
    - (H) Hypoxemia, hypercapnia.
    - (I) Need for medication, oxygen therapy.
    - (J) Pulmonary function tests.
    - (k) **With respect to a condition affecting visual function:**
      - (1) Cataracts.
      - (2) Macular degeneration.
      - (3) Retinitis pigmentosa.
      - (4) Diabetic retinopathy.
      - (5) Glaucoma.
  - (6) The department may request information on functional ability, including, but not limited to:
    - (A) Visual ability.
    - (B) Field of vision.
    - (C) Need for corrective lens.
- (Effective June 22, 1992)

#### **Sec. 14-45a-9. Other requirements**

- (a) The person is responsible for obtaining any such information listed in Section 14-45a-8 as may be requested by the commissioner for his use and consideration. The commissioner may provide forms to the person and/or his physician(s) for reporting such information.
- (b) As provided in subsection (e) of Section 14-36, the commissioner may at any time require an on-the-road driving evaluation of any person, without cost, to assist in his determination of the person's driving ability.
- (c) Unless otherwise specified, medical reports required by the commissioner must be based on an examination by the physician within the previous three (3) months.
- (d) Unless otherwise specified, medical reports required by the commissioner must be submitted within thirty (30) days from receipt of a request by the commissioner.
- (e) Follow-up examinations and reports by a physician or vision specialist may be required for progressive or recurring conditions or when more than one medical condition exists.

(f) Whenever the commissioner receives a medical report in accordance with this regulation showing that the person has poor compliance, as described by the person's physician, with a prescribed medical treatment program, the commissioner may suspend the operator's license of such person, consistent with the provisions of Chapter 54 of the General Statutes, if the commissioner finds that continued operation of a motor vehicle by such person will endanger the public safety.

(Effective June 22, 1992)

### **Referral of Individual Licensing Cases to the Medical Advisory Board**

#### **Sec. 14-45a-10. Scope of procedures**

(a) In accordance with Connecticut General Statutes Section 14-36 as amended, and Section 14-46c of the General Statutes, as amended, the commissioner of motor vehicles may at any time request the advice and recommendation of the Medical Advisory Board, concerning the case of any person who has a health problem, when such person is the holder of or applicant for an operator's license of any class, including a commercial driver's license, and when the commissioner has reason to believe that such person's health problem may affect his or her functional ability to operate a motor vehicle safely on the highways of this state.

(b) The provisions of this section and the following Sections 14-45a-11 through 14-45a-16 also apply to a person who is the holder of or an applicant for a public passenger transportation permit, as the same have been established pursuant to Section 14-44 of the General Statutes, as amended.

(c) The commissioner herein authorizes and designates the Chief of the Driver Services Division of the Department of Motor Vehicles (hereinafter referred to as "the Director") or his successor, or such other person as may be designated by the commissioner, to request and to receive the advice and recommendations of the Medical Advisory Board (hereinafter referred to as "the Board") in individual cases.

(Effective June 22, 1992)

#### **Sec. 14-45a-11. Notice to license holder or applicant**

(a) Whenever a case is referred to the Board, the Director shall simultaneously give written notice of such referral to the license holder or applicant involved.

(b) The Director shall request that the Board furnish its advice and recommendation in every case with reasonable promptness, considering the complexity of the case and research, interviews, examinations and such other steps as may be necessary for the Board to reach its opinions and judgments. The Director shall not cause or permit the referral of a case to the Board to result in an unreasonable delay with respect to a licensing decision concerning any license holder or applicant.

(c) If requested, the Director shall inform the license holder or applicant when he has received the advice and recommendation of the Board with respect to such license holder or applicant.

(d) The Director shall take appropriate action and communicate such action to the holder or applicant within a reasonable time after receipt of the advice and recommendation of the Board.

(Effective June 22, 1992)

#### **Sec. 14-45a-12. Right to submit medical report**

As provided by Section 14-46c of the General Statutes, the commissioner shall inform any applicant or license holder whose case has been referred to the Board that he or she may submit to the Board a medical report completed by a licensed

physician of his or her choice. It shall be the responsibility of such individual to submit such report in a timely manner, to the Director, who shall forward it to the Board promptly.

(Effective June 22, 1992)

#### **Sec. 14-45a-13. Internal procedure of board**

(a) The Director shall refer all cases to the attention of the chairman of the Board. The chairman may retain the case or assign the case to any individual member or members of the Board, as he or she determines to be appropriate given the nature of the health problem that appears from the available evidence. When the assigned member(s) of the Board completes his or her review of the case, all findings, advice and recommendations shall be reported to the chairman.

(b) The chairman shall review the report on the case as completed and submitted by the assigned Board member, and he or she shall forward the same to the Director, either with or without comment. Alternatively, the chairman may ask for a review of the case and the conclusions reached therein by the entire Board. The chairman shall take such further actions as may be necessary to bring the case to the attention of every member, and to obtain the consensus and agreement of the Board as to the advice to be given, which he or she shall report forthwith to the Director.

(c) The chairman may designate an individual member of the Board to receive cases in a particular medical field from the Director, and to report his or her findings, advice and recommendations to the Director.

(Effective June 22, 1992)

#### **Sec. 14-45a-14. Recommendations to be advisory only**

As provided by Section 14-46e of the General Statutes, the Director shall give due consideration to the recommendation of the Board in each case, but such recommendation shall be merely advisory and not binding. The Board is not responsible to make and shall not be regarded as making a licensing decision in any case, but such decision shall be made by the Director, on behalf of the commissioner.

(Effective June 22, 1992)

#### **Sec. 14-45a-15. Failure to cooperate**

As provided by Section 14-46e (b) of the General Statutes, each applicant or license holder whose case is referred to the Board may be requested by the Board to submit to a physical examination or to provide other information to the Board. The Board shall refer such request to the Director who shall communicate the request to the applicant or license holder. The Board shall report to the Director immediately any instance of failure to comply with such a request.

(Effective June 22, 1992)

#### **Sec. 14-45a-16. Confidentiality and exception thereto**

As provided by Section 14-46d of the General Statutes, all communications between the Director and the Board with respect to individual cases shall be confidential, and except as may be required by state or federal law, shall not be made public. The reports, records or other documents in any case, however, shall be made available to the subject person or his authorized representative, upon a written request made to the Director. Such documents also may be used for evidence in any administrative proceeding conducted by the department. In furnishing documents pursuant to this section, the department may charge the fees prescribed for copies of public documents by Section 1-15 of the General Statutes, as amended.

(Effective June 22, 1992)

**Sec. 14-45a-17. Administrative hearing**

The commissioner shall schedule an administrative hearing with respect to the denial, suspension or revocation of the operator's license of any person pursuant to any provision of Connecticut General Statutes Sections 14-36, as amended, and subsection (e) of Connecticut General Statutes Section 14-40a, as amended, and this regulation, and shall give written notice to such person of his or her entitlement to such hearing and the date, time and place of such hearing. The hearing shall be limited to the determination of the ability and competence of such person to operate a motor vehicle safely on the highways of this state.

(Effective June 22, 1992)